DOCUMENT RESUME

ED 144 945 TM 005 861

AUTHOR Lietz, Jeremy Jon
TITLE [Wisconsin Administrative Practice Scale: Special Education. A Survey of Selected Administrative Practices Used in the Coordination of Diagnostic Units for Handicapped Children. Test and Manual.].
PUB DATE 75
NOTE 22p.

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Administrative Policy; *Clinical Diagnosis; Communication (Thought Transfer); Elementary Secondary Education; *Handicapped Students; Organizational Change; Parent Participation; *Policy Formation; Program Coordination; *Questionnaires; School Administration; *Special Education; Student Participation; Systems Development; Test Construction; Test Reliability; Test Validity
IDENTIFIERS *Wisconsin Administrative Practice Scale

ABSTRACT

The Wisconsin Administrative Practice Scale: Special Education (WAPS) is a self-administering survey instrument designed to measure implementation of 162 selected administrative practices and policies used to coordinate diagnostic units for handicapped children. One hundred thirty-five items are grouped into seven subscales each consisting of twenty items: informal communication, responsibility delegation, parent involvement, systems development, organizational change, child-centeredness, and administrative control. The self-administering test and all directions are included; the WAPS takes approximately 45 minutes to complete. A criterion reference group composed of fifteen educators responded to each of the 162 items using a six-point scale to indicate the extent to which they felt that multidisciplinary diagnostic units should engage in the behavior described in each item. The average of their responses (rounded off to the nearest scaled value) was assigned the quality value of five (5). Responses to the test items are scored according to the extent that they deviate from the criterion responses. (Author/MV)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED144945

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY Jeremy Jon Lietz TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Manual for
WISCONSIN ADMINISTRATIVE PRACTICE SCALE: SPECIAL EDUCATION

By Jeremy Jon Lietz, M.S.
Milwaukee, Wisconsin 53211 ©

DESCRIPTION

The WISCONSIN ADMINISTRATIVE PRACTICE SCALE: SPECIAL EDUCATION is a self-administering survey instrument. It is designed to measure implementation of 162 selected administrative practices and policies used to coordinate diagnostic units for handicapped children. Originally developed to measure the implementation of Wisc. Ch. 115 relating to the education of children with exceptional educational needs, WAPS was subsequently refined to measure 162 general items associated with the development of a quality school-level multidisciplinary diagnostic unit. One hundred thirty-five items are grouped into seven subscales each consisting of twenty items: informal communication, responsibility delegation, parent involvement, systems development, organizational change, child-centeredness, and administrative control. The general scale and seven subscales provided by this questionnaire are defined as follows:

Administrative practices (or general scale) refers to 162 items revealed by the literature and validated by a criterion reference group as advisable, if not essential, to the implementation and administration of effective quality MDU services to handicapped children.

Informal communication refers to the extent to which a MDU has policies that facilitate informal two-way communication, including the gathering and exchange of information outside of meetings, conferences, and written communiques.

Responsibility delegation refers to the level of responsibility given to MDU staff members (parents, teachers) to interpret their own roles and

TM005 861

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

perform with a minimum of administrative control.

Parent involvement refers to the extent to which parents are contacted to assist in the development and implementation of special educational programs for their children.

Child-centeredness refers to the extent to which (1) children are involved in decision making, and (2) MDU recommendations favor mainstreaming and the development of educational plans for handicapped children, as opposed to "special class" placement.

Systems development refers to the extent to which the MDU has adopted fixed rules, procedures, and roles relative to the screening, processing, staffing, and final disposition of children referred to the MDU.

Organizational change facilitation refers to those practices which provide for or encourage organizational change, including flexible MDU policies, inservice training for staff members, and extensive involvement with non-school personnel and agencies.

Administrative control reflects the level to which administrators play an active, if not dominant, role in MDU functions and decision making. As in all the other subcomponents, a high score indicates a high level of this factor.

STATISTICAL DESCRIPTION

"Reliability"

Internal consistency reliability was determined by including twenty-four matched pair items in the survey instrument. Table 1 illustrates the preliminary findings and treatment of the responses. The minimum acceptance level for the inclusion of this instrument in any study is determined as follows: nine out of the twelve matched pair scores must show

TABLE 1

RELIABILITY: CRITERION REFERENCE GROUP MEAN SCORES AND DIFFERENCES FOR PAIRED ITEMS

Initial Test Item No.	Mean	Repeat Test Item No.	Mean	Difference (Neg.-Pos.)
10.1	4.27	13.7	3.40	- .87
10.4	3.00	12.6	2.55	- .45
10.7	3.91	13.6	3.18	- .73
10.9	3.64	13.4	4.10	+ .46
15.7	5.83	25.4	4.92	- .91
16.2	3.67	27.6	3.33	- .43
17.8	4.08	21.6	4.42	+ .34
18.5	4.50	27.3	5.50	+1.00
21.5	4.58	27.10	4.16	- .42
27.11	4.83	28.6	4.33	- .50
28.7	4.58	28.12	4.09	- .49
28.8	3.36	17.8	4.08	+ .62

*N = 15 (As of 12/4/75)

differences of less than one point on a six-point scale, while the total plus-minus difference between the twelve matched items must not exceed twelve (12.0). Since the WAPS involves a simple reporting of current practices, reduced reliability due to memory fade is not viewed as problematical. The sum difference for the average of the twenty-four matched pair items' "ideal" scores was 6.6. Presumably a smaller score can be expected in the field sampling of administrative practices. The questions

were phrased in a practical and non-threatening language to insure construct validity.

"Validity"

(1) Content validity for the WAPS was determined as follows. Administrative practices cited in pertinent literature as advisable, if not essential, for effective MDU's were developed into 231 questions, later reduced to 185 by the elimination of confusing or closely related items.

(2) Value validity. A criterion reference group composed of fifteen educators (see Table 2) responded to each of the 162 items using a Likert-like six-point scale (never, seldom, occasionally, often, almost always, and always). Their responses indicated the extent to which they felt that MDU's should engage in the behavior described in each item. The average of their responses (rounded off to the nearest scaled value) was assigned the quality value of five (5). Sample respondents' general scale will be reduced to the extent that their item responses deviate from criterion responses (see Scoring).

TABLE 2

DESCRIPTION OF CRITERION REFERENCE GROUP
(N = 15)

	Male	Female
School psychologists	3	3
School administrators	2	1
Professors in special education	1	0
Guidance counselors	2	1
Speech pathologists	0	2

(3) Those items which suggested confusion, misunderstanding, or the presence of a flat response frequency were discarded--reducing the WAPS to its present form of 162 quality items.

ADMINISTRATION

WAPS is self-administering. All directions are given on the title page of the instrument. It is not necessary that each test item be answered; however, scores may be penalized for omitted items. The instrument will take approximately 45 minutes to complete.

SCORING: GENERAL SCALE

Sample respondents' scores for the general scale will be determined by allowing 5 points for criterion reference group (CRG) mean responses and subtracting one point for each space the response is removed from the CRG mean value. Since there are 162 items in the general scale, the maximum possible score is 5 x 162 or 810, which would be reflective of the best possible administrative practices. The lowest possible score is not zero since items with moderate CRG mean values allow some points for the worst possible (farthest removed) responses. Table 3 lists the CRG mean value for rated items.

SCORING: SEVEN SUBSCALES

Table 3 also reveals special items that make up each of the seven WAPS subscales. Scoring is similar to the general scale, except that each subscale score is designed to measure the difference between maximum and actual use of an administrative practice. Consequently criterion values for the seven subscales are either 5 or 0, depending upon whether the item is positive or reverse scored. Scores will be computed by allowing 5

points for criterion responses of 6 (always) or 0 (never), and by subtracting one point for each space the response is removed from the item's criterion value. Maximum and minimum scores for each subscale are 100 (5 x 20) and 0 (0 x 20), respectively. If an item is omitted, a subscales score can be computed by multiplying the average of the completed items by twenty.

TABLE 3

MEAN QUALITY REFERENCE VALUES AND FACTOR DISTRIBUTION
(N = 15)

		Subcomponents' Distribution and Value*						
Item	CRG Mean	IC	RD	PI	SD	OC	CC	AC
10.1	4.27				6.0			
10.2	5.36							
10.3	5.36				6.0			
10.4	3.00					6.0		.0
10.5	4.81							
10.6	3.90			6.0				
10.7	3.91	6.0						
10.8	3.45				6.0			
10.9	3.64							
10.10	3.70							
11.1	5.00							6.0
11.2	3.64							
11.3	4.45							
11.4	3.45							
11.5	2.90							
11.6	3.82							
11.7	4.18							
11.8	3.40							
12.1	3.27							6.0
12.2	2.77							6.0

*CRG = Criterion Quality Score--General Factor
IC = High Informal Communication Factor
RD = High Responsibility Delegation Factor
PI = High Parent Involvement Factor
SD = High Systems Development Factor
OC = High Organizational Change Facilitation Factor
CC = Child-Centeredness Factor
AC = Administrative Control Factor

TABLE 3--Continued

Item	CRG Mean	Subcomponents' Distribution and Value						
		IC	RD	PI	SD	OC	CC	AC
12.3	4.30		6.0					
12.4	4.60		6.0					
12.5	3.10			6.0				
12.6	2.55					6.0		
13.1	3.40	6.0						
13.2	4.90							
13.3	5.70				6.0			
13.4	4.10							6.0
13.5	3.00							6.0
13.6	3.18		6.0					
13.7	3.40				6.0			
14.1	3.00	6.0						
14.2	4.27	6.0						
14.3	5.82				6.0			
14.4	5.00	.0						
14.5	4.55	6.0						
14.6	3.18	6.0				.0		
15.1	4.27				6.0			
15.2	2.40							6.0
15.3	5.36		6.0					
15.4	2.18							6.0
15.5	5.09		6.0					
15.6	5.55				6.0			
15.7	5.83		.0					
15.8	5.00		.0					
16.1	5.45							
16.2	3.67			6.0				
16.3	2.20						6.0	
16.4	2.73					6.0		
16.5	2.73					6.0		
17.1	5.45				6.0			
17.2	3.90	6.0						
17.3	5.45				6.0			
17.4	4.09	.0						
17.5	5.00				6.0			
17.6	1.82		6.0					
17.7	1.91		6.0					
17.8	4.08						6.0	
18.1	5.27		.0					
18.2	5.64		6.0					
18.3	5.45		6.0					
18.4	5.09							
18.5	4.50			6.0				
18.6	5.09						6.0	

TABLE 3--Continued

Item	CRG Mean	Subcomponents' Distribution and Value						
		IC	RD	PI	SD	OC	CC	AC
18.7	3.36					6.0		
18.8	4.00				6.0			
19.1	5.91						6.0	
19.2	2.73			6.0				
19.3	4.91							
19.4	5.73						6.0	
19.5	5.09						6.0	
19.6	5.64							
19.7	4.90							
20.1	5.64						6.0	
20.2	4.09							
20.3	4.82						6.0	
20.4	4.73						6.0	
20.5	3.09						6.0	
20.6	3.27						6.0	
20.7	5.00							
21.1	4.18						.0	
21.2	4.09							
21.3	4.64						6.0	
21.4	4.90	6.0						
21.5	4.58			6.0				
21.6	4.12							
22.1	3.18						6.0	
22.2	4.27					6.0		
22.3	2.64							
22.4	3.82					6.0		
22.5	3.00						.0	
22.6	2.40						6.0	
22.7	2.50		.0					
22.8	2.90							
23.1	3.09			6.0				
23.2	3.82			6.0				
23.3	2.27			6.0				
23.4	3.18			6.0				
23.5	3.27		6.0					
23.6	2.82						6.0	
23.7	2.91			6.0				
23.8	2.18						.0	
24.1	1.91							6.0
24.2	1.00							6.0
24.3	2.73							.0
24.4	3.91							6.0
24.5	1.80							6.0

TABLE 3--Continued

Item	CRG Mean	Subcomponents' Distribution and Value						
		IC	RD	PI	SD	OC	CC	AC
24.6	2.30	6.0			.0			
25.1	1.00				.0			
25.2	1.09		6.0					
25.3	3.00							6.0
25.4	5.08							6.0
25.5	4.42		6.0					
25.6	2.33							
25.7	1.25							
26.1	3.50					6.0		
26.2	3.58					6.0		
26.3	3.42					6.0		
26.4	4.83					6.0		
26.5	3.50					6.0		
26.6	3.50	6.0						
26.7	3.08					6.0		
27.1	5.92			6.0				
27.2	6.00				6.0			
27.3	5.50			6.0				
27.4	4.42			6.0				
27.5	4.08			6.0				
27.6	3.33			6.0				
27.7	5.83	6.0		6.0				
27.8	4.17	.0						
27.9	5.92				6.0			
27.10	4.16		6.0	6.0				
27.11	4.83			6.0				
28.1	4.18	6.0						
28.2	4.08				6.0			
28.3	4.25	6.0						
28.4	3.83		6.0					
28.5	4.73		6.0					
28.6	4.33	6.0			6.0			
28.7	4.58					6.0		
28.8	3.36							
28.9	4.73			6.0				
28.10	3.82						6.0	
28.11	3.91							6.0
28.12	4.09					6.0		.0
28.13	3.10							6.0
29.1	3.00	6.0						
29.2	3.77				6.0			
29.3	5.22							
29.4	3.77							6.0
29.5	3.44					6.0		

TABLE 3--Continued

Item	CRG Mean	Subcomponents' Distribution and Value						
		IC	RD	PI	SD	OC	CC	AC
29.6	4.25		6.0					
29.7	4.00							6.0
29.8	3.63					6.0		
30.1	5.40							
30.2	4.80				6.0			
30.3	3.70						6.0	
30.4	3.60					6.0		
30.5	3.20	6.0						
30.6	4.70	6.0						
30.7	4.70							
30.8	4.60					6.0		

It should be noted that subscale criterion values seldom match general scale CRG values for the identical item. Subscale criterion values favor extreme responses (never, always) while general scale CRG mean values generally favor moderate (seldom, occasionally, often, almost always) responses. An examination of Table 4 suggests that only a modest amount of subscale support is accounted for by an overlap of component items for each of the seven WAPS subscales.

TABLE 4

COMPOSITION OF THE SEVEN SUBCOMPONENTS

	Unique Factors	IC	RD	PI	SD	OC	CC	AC
General	27							
IC	16							
RD	19	0						
PI	18	1	1					
SD	18	2	0	0				
OC	17	1	0	0	0			
CC	20	0	0	0	0	0		
AC	18	0	0	0	0	1	0	

WISCONSIN ADMINISTRATIVE PRACTICE SCALE: SPECIAL EDUCATION

A Survey of Selected Administrative Practices Used in the Coordination of Diagnostic Units for Handicapped Children

General Instructions

The administrator or person designated to coordinate special services in the school should complete this survey. Questions 1-9 are general demographic questions, educational experience and training, school size, etc. Questions 10-30 are an inventory of what M-Team procedures you have used to date in your school. Preliminary use of this instrument indicates that there are no clearly preferred procedures--in effect, no right or wrong answers.

Answer the items by checking (✓) the space next to the most correct statement. Try to answer for each item unless otherwise indicated. If for some reason you feel an item is unanswerable, leave it blank.

Part I. General Information

1. Sex: (1) Male __ (2) Female __

2. Into what age bracket do you fall? (Check one)

   2.1 ___ 25 years or under
   2.2 ___ 26 years to 34 years
   2.3 ___ 35 years to 44 years
   2.4 ___ 45 years to 54 years
   2.5 ___ 55 years or over

3. Approximately how many semester hours of college or university instruction have you had in each of the following subject areas? (Answer for each space)

   3.1 ___ teaching reading
   3.2 ___ psychology
   3.3 ___ guidance
   3.4 ___ social work
   3.5 ___ speech therapy
   3.6 ___ mental retarded; diagnosis and treatment
   3.7 ___ learning disabled; diagnosis and treatment
   3.8 ___ emotionally disturbed; diagnosis and treatment

4. How many years of full-time experience have you had through June of this year in each of the following positions? (Answer for each space)

   4.1 ___ regular classroom teacher, all grade levels
   4.2 ___ classroom teacher in special education
   4.3 ___ special education specialist (psychologist, guidance counselor, reading teacher, etc.)
   4.4 ___ administrator or supervisor

TM005 861

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

© 1975 Jeremy Jon Lietz

In addition to your role as coordinator, what title best describes your primary role in school? (Check one)

A. 5.1 ___ principal
5.2 ___ assistant principal
5.3 ___ psychologist
5.4 ___ guidance counselor
5.5 ___ social worker
5.6 ___ speech therapist
5.7 ___ special education teacher
5.8 ___ classroom teacher
5.9 ___ my major role is that of coordinator

B. Comments _____

_____

6. The school population is: (Check one)

6.1 ___ less than 250
6.2 ___ 251 to 500
6.3 ___ 501 to 750
6.4 ___ 751 to 1000
6.5 ___ over 1000

7. Indicate the grades served by your school. (Check one)

7.1 ___ K - 6
7.2 ___ K - 8
7.3 ___ K - 12
7.4 ___ K - 3 (primary school)
7.5 ___ 4 - 7 (middle school)
7.6 ___ ungraded elementary school
7.7 ___ other (explain) _____

_____

8. Approximately how many hours per month was each service available to your school this past year? (Answer for each space--indicate zero "0" if none)

A. Title of service	Hours per month
8.1 psychologist	____
8.2 guidance counselor	____
8.3 social worker	____
8.4 speech therapist	____
8.5 reading teacher	____
8.6 clinical educator	____
8.7 special education teacher (EMR, etc.)	____
8.8 medical specialist (nurse, etc.)	____
8.9 other (list) _____	____

B. Comments (no limit on service, service on request, etc.) _____

_____

9. In the past year, approximately how many children did you staff each month? (Check one)

A. 9.1 ___ less than one child
9.2 ___ 1 - 2 children
9.3 ___ 3 - 5 children
9.4 ___ 6 - 10 children
9.5 ___ 11 - 15 children
9.6 ___ 16 or more children

B. Comments _____

_____

Part II. Instructions: Please check the number that most closely describes your school's practices and services to handicapped children this past year.

Use this scale: 1. ___ Never
2. ___ Seldom
3. ___ Occasionally
4. ___ Often
5. ___ Almost always
6. ___ Always

10. How were suspected handicapped children initially identified? (Check each item--items may overlap)

		1	2	3	4	5	6
A. 10.1	School-wide screening (checklists, etc.)	-	-	-	-	-	-
10.2	New kindergarten children screened	-	-	-	-	-	-
10.3	Incoming transfer students screened	-	-	-	-	-	-
10.4	Outside agency, private practitioner observations	-	-	-	-	-	-
10.5	Classroom teacher observations	-	-	-	-	-	-
10.6	Parent observations	-	-	-	-	-	-
10.7	M-Team selective screening or "scouting around"	-	-	-	-	-	-
10.8	Staff reviewed office records, cumulative folders	-	-	-	-	-	-
10.9	Coordinator's observations	-	-	-	-	-	-
10.10	Administrator (other than coordinator) observations	-	-	-	-	-	-

B. Comments _____

11. Was every known or suspected handicapped (Chapter 115) child seen by every M-Team staff member in your school? Please indicate the extent that every Chapter 115 child was seen by all of the following. (Check each item--check NA if the service was not available)

		NA	1	2	3	4	5	6
A. 11.1	Psychologist	—	-	-	-	-	-	-
11.2	Guidance counselor	—	-	-	-	-	-	-

		NA	1	2	3	4	5	6
11.3	Social worker	—	–	–	–	–	–	–
11.4	Speech therapist	—	–	–	–	–	–	–
11.5	Reading teacher	—	–	–	–	–	–	–
11.6	Other special education teacher (EMR, TMR, BD, LD)	—	–	–	–	–	–	–
11.7	Clinical educator	—	–	–	–	–	–	–
11.8	Medical specialist	—	–	–	–	–	–	–

B. Comments _____

_____

12. Who referred suspected handicapped children to multidisciplinary team (M-Team) members for educational evaluations? (Check each item)

			1	2	3	4	5	6
A.	12.1	Coordinator	–	–	–	–	–	–
	12.2	Administrator (other than coordinator)	–	–	–	–	–	–
	12.3	M-Team supportive service specialists	–	–	–	–	–	–
	12.4	Classroom teacher	–	–	–	–	–	–
	12.5	Parent	–	–	–	–	–	–
	12.6	Outside agency, private practitioner (M.D., etc.)	–	–	–	–	–	–
	12.7	Other (explain) _____	–	–	–	–	–	–

B. Comments _____

_____

13. What referral procedures were used to refer suspected handicapped children to M-Team members for educational evaluation? (Check each item--items may overlap)

			1	2	3	4	5	6
A.	13.1	Verbal: informal contacts	–	–	–	–	–	–
	13.2	Verbal: formal meetings	–	–	–	–	–	–
	13.3	Special referral forms	–	–	–	–	–	–
	13.4	Coordinator assigned children	–	–	–	–	–	–
	13.5	Administrator (other than coordinator) assigned children	–	–	–	–	–	–
	13.6	Self referral: M-Team members screen for own caseload	–	–	–	–	–	–
	13.7	Schoolwide testing, check lists to screen for M-Team services	–	–	–	–	–	–
	13.8	Other (explain) _____	–	–	–	–	–	–

B. Comments _____

_____

14. What methods of communication did the M-Team coordinator use with school staff, agencies, and parents? (Check each item)

			1	2	3	4	5	6
A.	14.1	Chance informal meetings	–	–	–	–	–	–

		1	2	3	4	5	6
14.2	Individual appointments	-	-	-	-	-	-
14.3	Staffings and other formal meetings	-	-	-	-	-	-
14.4	Written notes, directives, letters, reports	-	-	-	-	-	-
14.5	Telephone calls	-	-	-	-	-	-
14.6	Messages sent through third party (secretary)	-	-	-	-	-	-

B. Comments _____

15. Were any of the following administrative practices used by your M-Team to process referrals? (Check each item)

		1	2	3	4	5	6
15.1	M-Team meets at regular times	-	-	-	-	-	-
15.2	Coordinator determines 1 & 2	-	-	-	-	-	-
15.3	All team members determine 1 & 2	-	-	-	-	-	-
15.4	Coordinator decides child to be staffed	-	-	-	-	-	-
15.5	"Team" decides child to be staffed	-	-	-	-	-	-
15.6	Coordinator sends out staffing notices	-	-	-	-	-	-
15.7	Coordinator keeps records of staffing	-	-	-	-	-	-
15.8	Coordinator keeps all records of child	-	-	-	-	-	-

B. Comments _____

16. Did any of the following attend M-Team staffings? (Check each item)

		1	2	3	4	5	6
16.1	Classroom teacher	-	-	-	-	-	-
16.2	Parent	-	-	-	-	-	-
16.3	Child	-	-	-	-	-	-
16.4	Non-school agency staff	-	-	-	-	-	-
16.5	Non-agency private practitioner (M.D., etc.)	-	-	-	-	-	-

B. Comments _____

17. Indicate if any of the following staffing procedures were used by the M-Team. (Check each item--items may overlap)

		1	2	3	4	5	6
17.1	M-Team members give formal reports	-	-	-	-	-	-
17.2	Members informally exchange ideas	-	-	-	-	-	-
17.3	M-Team members submit written reports	-	-	-	-	-	-
17.4	Time limit on staffings	-	-	-	-	-	-
17.5	M-Team members delegated specific information to discover	-	-	-	-	-	-
17.6	M-Team members given option to attend staffings	-	-	-	-	-	-
17.7	M-Team members given option to report on child	-	-	-	-	-	-
17.8	M-Team meets 2-3 times on each child	-	-	-	-	-	-

B. Comments _____

18. Indicate if any of the following were sources of information at M-Team staffings. (Check each item)

		1	2	3	4	5	6
A.	18.1 Test scores	–	–	–	–	–	–
	18.2 Classroom teacher observations	–	–	–	–	–	–
	18.3 M-Team "personal" observations (non-test)	–	–	–	–	–	–
	18.4 Cumulative folder information	–	–	–	–	–	–
	18.5 Input from parents	–	–	–	–	–	–
	18.6 Sample(s) of child's work at staffing	–	–	–	–	–	–
	18.7 Non-school resource people (agencies, psychiatrists, etc.)	–	–	–	–	–	–
	18.8 Profile sheets and charts	–	–	–	–	–	–

B. Comments _____

19. Indicate if any of these topics were discussed at M-Team staffings. (Check each item)

		1	2	3	4	5	6
A.	19.1 Child's home environment	–	–	–	–	–	–
	19.2 Income of parents	–	–	–	–	–	–
	19.3 Cooperation of class teacher	–	–	–	–	–	–
	19.4 Current classroom environment	–	–	–	–	–	–
	19.5 Total school environment	–	–	–	–	–	–
	19.6 Availability of school services	–	–	–	–	–	–
	19.7 Availability of school materials	–	–	–	–	–	–

B. Comments _____

20. Did the M-Team make any of these staffing recommendations to <u>classroom teachers</u>? (Check each item--items may overlap)

		1	2	3	4	5	6
A.	20.1 Recommendations based on child's strengths	–	–	–	–	–	–
	20.2 Behavior modification techniques	–	–	–	–	–	–
	20.3 Academic teacher techniques	–	–	–	–	–	–
	20.4 Special materials for child	–	–	–	–	–	–
	20.5 Student tutors for child	–	–	–	–	–	–
	20.6 Recommend teacher stop some practice	–	–	–	–	–	–
	20.7 Alternative recommendation(s) "if one fails"	–	–	–	–	–	–

B. Comments _____

21. Did the M-Team make any of these staffing recommendations to <u>educational specialists</u>? (Check each item)

		1	2	3	4	5	6
A.	21.1 Full-time placement in special class	–	–	–	–	–	–
	21.2 Part-time placement in special class	–	–	–	–	–	–
	21.3 Child remains in regular class, but visits specialist 1-2 hours weekly	–	–	–	–	–	–
	21.4 Specialist works with teacher	–	–	–	–	–	–

		1	2	3	4	5	6
21.5	Specialist works with parent	–	–	–	–	–	–
21.6	Further evaluation by specialist(s)	–	–	–	–	–	–

B. Comments _____

22. Were any of these M-Team staffing recommendations made? (Check each item--items may overlap)

		1	2	3	4	5	6
A. 22.1	Special equipment ordered	–	–	–	–	–	–
22.2	Special curriculum changes	–	–	–	–	–	–
22.3	Building modifications	–	–	–	–	–	–
22.4	Inservice for staff member	–	–	–	–	–	–
22.5	Homebound, visiting teacher	–	–	–	–	–	–
22.6	Special "lunch" provisions	–	–	–	–	–	–
22.7	Reduced school attendance	–	–	–	–	–	–
22.8	Change classroom teacher	–	–	–	–	–	–

B. Comments _____

23. Did the M-Team make any of these staffing recommendations to parents? (Check each item--items may overlap)

		1	2	3	4	5	6
A. 23.1	Parents get child glasses	–	–	–	–	–	–
23.2	Seek medical examination for child	–	–	–	–	–	–
23.3	Seek medication for child	–	–	–	–	–	–
23.4	Seek psychotherapy for child	–	–	–	–	–	–
23.5	Seek agency help	–	–	–	–	–	–
23.6	Recommend parent stop some practice	–	–	–	–	–	–
23.7	Recommend parent tutor child	–	–	–	–	–	–
23.8	Recommend "residential treatment" for child	–	–	–	–	–	–

B. Comments _____

24. How did the M-Team make decisions--particularly staffing recommendations? (Check each item--items may overlap)

		1	2	3	4	5	6
A. 24.1	Coordinator made decisions based on findings	–	–	–	–	–	–
24.2	Coordinator made decisions on own, without advice	–	–	–	–	–	–
24.3	Coordinator's role was advisory--other M-Team members make decisions based on their findings	–	–	–	–	–	–
24.4	Coordinator and M-Team had to agree on decisions	–	–	–	–	–	–
24.5	Coordinator and other M-Team members made decisions (and recommendations) independent of each other	–	–	–	–	–	–

		1	2	3	4	5	6
24.6	M-Team decisions and recommendations "emerged" without any set plan--possibly all of 1-5						
24.7	None of the above (explain) _____	-	-	-	-	-	-
	_____	-	-	-	-	-	-

B. Comments _____

25. This past year, who kept a record of each staffing, including recommendations and the final disposition of each child? (Check all that apply--items may overlap)

		1	2	3	4	5	6
A. 25.1	No one kept records	-	-	-	-	-	-
25.2	No one person was assigned	-	-	-	-	-	-
25.3	"Case" manager from M-Team assigned	-	-	-	-	-	-
25.4	M-Team coordinator	-	-	-	-	-	-
25.5	Each M-Team member kept own records	-	-	-	-	-	-
25.6	School secretary	-	-	-	-	-	-
25.7	Classroom teacher	-	-	-	-	-	-

B. Comments _____

26. Has your school staff (including the M-Team) had outside contact with any of the following, regarding Chapter 115 children? (Check each item--some may overlap)

		1	2	3	4	5	6
A. 26.1	Social agencies	-	-	-	-	-	-
26.2	Hospitals, health clinics	-	-	-	-	-	-
26.3	Private psychologist, psychiatrist, counselors	-	-	-	-	-	-
26.4	Medical doctor, dentist	-	-	-	-	-	-
26.5	Other school systems	-	-	-	-	-	-
26.6	Neighborhood groups, all types	-	-	-	-	-	-
26.7	Police, youth aid, courts	-	-	-	-	-	-

B. Comments _____

27. Were any of the following practices concerning parent involvement used at your school? (Check each item--items may overlap)

		1	2	3	4	5	6
A. 27.1	Parents notified of suspected handicap	-	-	-	-	-	-
27.2	Parents sign release for all educational evaluations	-	-	-	-	-	-
27.3	Staff gathers information from parents	-	-	-	-	-	-
27.4	Parents notified of staffing date	-	-	-	-	-	-
27.5	Parents invited to attend staffing	-	-	-	-	-	-
27.6	Parents attend M-Team staffings and assist with decision(s), recommendation(s)	-	-	-	-	-	-
27.7	Special class placement decision is explained to parents by phone or in person	-	-	-	-	-	-

		1	2	3	4	5	6
27.8	Parents notified by mail of special class placement	-	-	-	-	-	-
27.9	Parents sign for special class placement	-	-	-	-	-	-
27.10	Parents trained to aid handicapped child	-	-	-	-	-	-
27.11	Parents given "progress report" on recommendation(s) (implementation, effectiveness)	-	-	-	-	-	-

B. Comments _____

28. Did the M-Team use any "follow-up" procedures to evaluate the effectiveness or implementation of this past year's staffing recommendations? (Check each item--items may overlap)

		1	2	3	4	5	6
A. 28.1	Informal meetings with classroom teachers	-	-	-	-	-	-
28.2	Designated appointments with classroom teachers	-	-	-	-	-	-
28.3	Classroom observations by M-Team member(s)	-	-	-	-	-	-
28.4	M-Team member observes child in therapy	-	-	-	-	-	-
28.5	Teacher fills out follow-up checklist	-	-	-	-	-	-
28.6	Parent conferences regarding progress	-	-	-	-	-	-
28.7	Agency or non-school personnel contacted	-	-	-	-	-	-
28.8	Child restaffed by M-Team	-	-	-	-	-	-
28.9	Written questionnaire sent to parents	-	-	-	-	-	-
28.10	Test or questionnaire given to handicapped students	-	-	-	-	-	-
28.11	Personal observations by administrator and/or coordinator	-	-	-	-	-	-
28.12	Outside consultant evaluates school program(s)	-	-	-	-	-	-
28.13	Central office staff evaluates school program(s)	-	-	-	-	-	-
28.14	If none, indicate if you plan to:	Yes	-	-	No	-	-

B. Comments _____

29. Were staff development or inservice activities used in your school to improve M-Team efficiency or to sensitize the general school staff to problems of handicapped children? (Check each item--items may overlap)

		1	2	3	4	5	6
29.1	Informal meetings with M-Team or classroom teachers	-	-	-	-	-	-
29.2	Formal inservice meetings with M-Team (define roles, design forms, etc.)	-	-	-	-	-	-
29.3	Formal inservice meetings with classroom teachers	-	-	-	-	-	-
29.4	Personal conferences with coordinator	-	-	-	-	-	-
29.5	Outside "consultant" presentations	-	-	-	-	-	-

		1	2	3	4	5	6
29.6	Demonstrations by staff members	–	–	–	–	–	–
29.7	Directives sent to school staff	–	–	–	–	–	–
29.8	Order special education publications for school library	–	–	–	–	–	–
29.9	Other (explain) _____	–	–	–	–	–	–

30. Indicate if any of these topics were discussed informally or formally in staff development or inservice meetings. (Check each item--items may overlap)

		1	2	3	4	5	6
30.1	How to identify educationally handicapped children	–	–	–	–	–	–
30.2	Planning or explaining M-Team procedures	–	–	–	–	–	–
30.3	Techniques to teach handicapped children academic work	–	–	–	–	–	–
30.4	How to modify children's (mis)behavior	–	–	–	–	–	–
30.5	How to use new materials with a particular child	–	–	–	–	–	–
30.6	How to work with parents of a particular handicapped child	–	–	–	–	–	–
30.7	how to achieve better general staff and M-Team cooperation	–	–	–	–	–	–
30.8	General provisions of Chapter 115, what the law means	–	–	–	–	–	–
30.9	Other (explain) _____	–	–	–	–	–	–

31. Please use the remaining space to give more information on any of the questions or to write anything you want about your experiences as coordinator, or with Chapter 115. You might want to comment on your own school's plans for the future or on ways in which Chapter 115 and school-level exceptional education programs can be improved. Use the reverse side if necessary.

Your responses to either questionnaire will not be reported in any individual way. If you desire a summary of this study, to further protect your anonymity, enclose a separate self-addressed envelope in your return.